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FISCAL IMPACT REPORT

ORIGINAL DATE 02/07/13

SPONSOR Papen LAST UPDATED _____ HB _____

SHORT TITLE Office of School and Adolescent Health SB 19

ANALYST Trowbridge

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY13	FY14		
	\$2,500.0	Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Human Services Department (HSD)
 Department of Finance and Administration (DFA)
 Public Education Department (PED)

SUMMARY

Synopsis of Bill

Senate Bill 19 (SB 19) would appropriate \$2.5 million from the general fund to the Department of Health, Office of School and Adolescent Health (DOH OSAH) for expenditure in fiscal year 2014 to provide quality behavioral health supports using standards and benchmarks for school-based behavioral health center services for students in sixth through twelfth grades in schools ranked “C”, “D”, or “F” according to the Public Education Department (PED) ranking system to assist these students with academic learning. In 2012, 588 New Mexico schools had a ranking of “C”, “D” or “F.”

FISCAL IMPLICATIONS

DOH reports the appropriation in SB 19 would be dispersed to its statewide network of school based health centers (SBHCs) following state procurement rules. Eligible SBHCs will be required to submit a proposal to increase behavioral health services. The DOH would request authority to budget a minimum of five percent of the appropriated amount, as applicable to carry

out the intent of the legislation, for administrative costs associated with administering and expending the appropriation. DOH states that such costs would be used for staff time, supplies, travel and related administrative expenses.

The Department of Finance and Administration (DFA) indicates eligible SBHCs will be required to submit a proposal to increase behavioral health services. An additional FTE may be needed to oversee the implementation of these services.

DFA states the bill does not provide the criteria to determine student selection/eligibility for the behavioral health services provided in SBHCs. To target funding to the individuals who are most in need of services, it will be important to consider both the severity of the conditions covered and the availability of other funding sources and resources to assist students with behavioral disorders. For less severe/chronic behaviors, the school counselor might provide the primary intervention; in more severe cases, it may be the responsibility of the special education program to develop and implement an effective intervention. DFA indicates that there is a potential danger that some of the new funding provided in SB 19 for behavioral health services could end up replacing funding sources/resources that should be provided by other parties.

SIGNIFICANT ISSUES

The Human Services Department reports that Medicaid certified SBHCs currently serve 61 communities in 30 counties throughout New Mexico. This program that provides direct health services to children in schools is administered primarily by the PED and DOH via a governmental services agreement with HSD. Generally state appropriations into this program receive an approximate 1:1 match in federal Medicaid funding.

DOH notes that according to the American Academy of Pediatrics (2004), more than 20 percent of children and adolescents have mental health problems. School-based programs offer the promise of improving access to diagnosis and treatment. DOH reports that SBHCs are known to improve access to health care for children and adolescents as well as reduce emergency room rates and Medicaid. DOH and PED state that SBHCs also bolster academic achievement by reducing absenteeism and tardiness and discipline referrals. An analysis of 2010-2011 New Mexico SBHC encounter data revealed more than 41 percent of all health visits were behavioral in nature. SBHCs currently serve 61 communities in 30 counties throughout New Mexico. It is estimated that 90 percent of the SBHCs are in schools ranked “C”, “D”, or “F”.

According to DOH, studies show that an adolescent is up to 21 times more likely to access a SBHC for a behavioral health concern than they are to access a community health center or a health maintenance organization. This is of particular significance because youths face numerous challenges to their emotional well-being as they move through adolescence, such as bullying, peer pressure, and community and relationship violence. These challenges result in many adolescents needing behavioral health services. Suicide is the second leading cause of death for adolescents 15 to 24 years old in New Mexico. Adolescents with high levels of caring and supportive relationships are far less likely to engage in risk behaviors related to alcohol and substance abuse, violence and suicide. DOH observes that there are significant gender and racial/ethnic differences for completed suicide among youth. In New Mexico, Native Americans have the highest rates of suicide among youth ages 15-24; males have higher rates than females.

Additionally, DOH reports that over 50,000 adolescents have access to a SBHC and more than 14,000 visited an SBHC funded through the Department of Health.

DFA indicates that mental, emotional and behavioral disorders (MEB), which include depression, conduct disorder and substance abuse, affect larger numbers of young people. Studies indicate that MEB disorders are a major health threat today among youths. Almost one in five young people have one or more MEB disorders at any given time. Among adults, half of all MEB disorders were first diagnosed by age 14 and three-fourths by age 24. (National Academy of Sciences, Preventing Mental, Emotional, and Behavioral Health Disorders Among Young People: Progress and Possibilities, March 2009.)

Adolescents with high levels of caring and supportive relationships are far less likely to engage in risk behaviors related to alcohol and substance abuse, violence and suicide. Over 90 percent of students who access services at a SBHC cite it as a place where an adult will listen to them if they have something to say. Additionally, 92 percent of students say it is easy to talk to SBHC staff, and for almost a third of students, the SBHC is their primary source of healthcare. (2012 SBHC Student Satisfaction Survey)

The PED points to findings from the 2011 New Mexico Youth Risk and Resiliency Survey that show:

- 29.1 percent of high school students had persistent feelings of sadness or hopelessness in the past 12 months;
- 16.7 percent of high school student seriously considered suicide in the past 12 months; and
- 13.4 percent of high school student made a suicide plan in the past 12 months.

PERFORMANCE IMPLICATIONS

DOH reports that SB 19 relates to its FY14 Strategic Plan Goal: Improve Health Outcomes for the People of New Mexico. HSD notes that SB 19 is related to its FY14 Strategic Plan, Goal #4: Improve Behavioral Health Services, Task 4.3: Reduce Suicide among Youth and High Risk Individuals including Older Adults and Returning Veterans.

PED states that objectives of SB 19 relate to its strategic level three: Ready for Success Initiative as the provision of SBHC services could potentially impact the behavioral health risk behaviors of students that could lead to higher graduation rates.

ADMINISTRATIVE IMPLICATIONS

DOH and DFA indicate the enactment of SB 19 would result in additional DOH staff time to oversee the implementation of these services.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

DOH will not receive an appropriation for behavioral health interventions to assist students who are enrolled in public schools ranked with a “C” “D” or “F” ranking.

POSSIBLE QUESTIONS

What is the plan for expanding services to the 10 percent of schools ranked “C”, “D” or “F” not covered by SBHCs.

TT/svb:bm